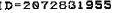
P01





STATE OF MAINE

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333-013 Office: 242 State Street, Augusta, Maine Tel: (207) 287-4179 Fax: (207) 287-6775 Web site: www.malne.gov/ethics **OCT 2 7 2004** Electronic Filing: www.mainecampaignfinance.com ON GOVERNMEN COMMISSION R ELECTIV PRACTIC 2004 CAMPAIGN FINANCE REPORT MAINE CLEAN ELECTION ACT CANDIDATES (Please Complete ALL Entries) Name of CANDIDATE Mailing address CHECK IF CHANGED SINCE PREVIOUS City, zip code 00005 REPORT 🛄 Telephone number 2 Name of Candidate's Committee, if any Election Year <u>2004</u> Office Sought _ District Number /35 Name of TREASURER Mailing address CHECK IF CHANGED SINCE PREVIOUS City, zip code -REPORT 🛄 Telephone number <u>28 63046</u> E-mail Type of Report (check applicable): Due date: Period included:) 6-Day Pre-Primary June 2, 2004 Last Report - May 27, 2004) 42-Day Post-Primary July 20, 2004 May 28, 2004 - July 13, 2004 (1) 6-Day Pre-General October 27, 2004 July 14, 2004 - October 21, 2004 () 42-Day Post-General December 14, 2004 October 22, 2004 -- December 7, 2004 () Amendment to: _ () Other (specify): _ I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT AND COMPLETE. 16/27/04-Date Candidate's Signature

PAGE 02/06

P02

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Schedule A

Cash Receipts

Itemize each cash receipt during this reporting period, including initial distributions and matching funds payments received under the Maine Clean Election Act. For matching fund payments, indicate the amount the Commission has authorized you to spend.

Date	Source (MCEA initial distribution, payment of matching funds)	Amount Received	Amount Authorized to be Spent
4/17/04	MCEA Initial Distribution		456.00
6/9/04	Matching Funds Payment		4,032.00
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Additional Authorization to Spend Matching Funds		
	Total cash receipts authorized to be sp reporting period (Enter on Schedule G,	ent in this Line 2)	4, 488.00

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CANDIDATE'S FULL NAME

Itemize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be observy itemized under one of the other categories.

SCHEDULE B EXPENDITURES

Page / of 2 (Schedule Bonly)

-								·		
3. TOTAL EXP (add lines 1	(Complete ling only) 2. Total from a	1. Total expen (Total each)	10-13-04	10-12-04	9-20-04	10-17-04	8/19/44	10/01/04	10-21-04 10-14-04 10-21-04	DATE EXPENDITURE MADE OR AUTHORIZED
TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on last page of Schedule B onity 2. Total from attached Schedule B pages	Total expenditures this page only (Total each column)	X press Hmunica	12-04 Bob & Mike Cityo	Staple	Staple	Post Office	Screenbeck.	Courier	NAME OF EACH PAYEE
ğı	-	73.42		25.50		47.92				GENERAL OPERATIONS (Fundraising, travel, equipment, etc.)
Þ.		13.42 120820 6702							1,218.20	ADVERTISING (Radio, TV, newspaper, etc.)
ត		6702	20.00		31.48		15:54			PRINTING / POSTAGE, etc. (Direct mail, campaign ilt, signs, etc.)
ů.		0								SALARES & COMPENSATION
φ.		134.40						frames		OTHER (Describe purpose in remerks)
Total 3a – 3e, Enfer on Schedule Q, Line 8.				,						REMARKS

CGEEP Form C-1/B (Rev. 5/04) (Duplicate as needed)

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CANDIDATE'S FULL NAME

SCHEOULE B EXPENDITURES

Itemize each expenditure made or authorized during the report filing period by category of the purpose for that expenditure. Use "Other" and "Remarks" to include and explain any expenditure that may not be clearly itemized under one of the other categories.

3. TOTAL EXPENDITURE (add lines 1 and 2)	(Complete lines <u>prily)</u> 2. Total from atl	_ '. [8/15/04	happy /	1/8/04	9/w/o4	9/24/04	lolu lav	10/1/00	DATE EXPENDITURE MADE OR AUTHORIZED
TOTAL EXPENDITURES BY CATEGORY (add lines 1 and 2)	(Complete lines 2 and 3 on <u>last page</u> of Schedule B only) 2. Total from attached Schedula B pages	Total expenditures this page only (Total each column)	Oolan Bou	Com It	Staples	Dennis Rione	Cour Ls	170	Xless America	NAME OF EACH PAYEE
a/1896	73.4	45.54	20.00					Banks 25.54		GENERAL OPERATIONS (Fundraising, travel, oquipment, etc.)
a/1896 n./298/00/87.77 d. O	3.421,278.20			· <u> </u>					19.90	ADVERTISING (Radio, TV, newspaper, etc.)
c. 87.77	67.02	19.90 12 0.75	•	52.50	42.00		26.25			PRINTING I POSTAGE, etc. (Direct mall, campaign lit, signs, etc.)
0	0	0								SALANCES & COMPENSATION
e.15 440	134.40	20.00				20.00				OTHER (Describe purpose in remarks)
Total 3g — 3e. Emier on Schedule G, Line B.						Wood for stakes				REMARKS

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age 2 of 2 (Schedule 6 only)

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SCHEDULE G **DETAILED SUMMARY PAGE OF RECEIPTS AND EXPENDITURES**

RECEIPTS	This Reporting Period	Total This Campaign
Previous total receipts (from last report)		4.488.00
Cash receipts this period (from Schedule A)	4.488.00	1
Uniternized receipts this period (interest income, etc.)		
Sale of campaign property this period (from Schedule F)	0	
5. Total receipts this period (add lines 2, 3 and 4)	4,488-00	
6. TOTAL RECEIPTS DURING THIS CAMPAIGN (add lines 1 and 5)		4.488.00

EXPENDITURES

7. Previous total expenditures (from last report)	447.50
Expenditures this period (from Schedule B)	1,759.23
9. TOTAL EXPENDITURES DURING THIS CAMPAIGN (add lines 7 and 8)	2,206.73

CASH BALANCE

10. CASH BALANCE END OF REPORTING PERIOD (subtract line 9 from line 6)
--

DEBTS AND LIABILITIES

11. Total outstanding bills (from Schedule E)		
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PAGE 01

►FAX Transmittal Sheet



235 Camden Street Rockland, ME 04841 Tel: (207) 594-4200 Fax: (207) 594-1933

Date: 4>0c+	(comosin on G
To: 201-287-6775	- Ethics (FE)
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Phone No: 207-354-8781	 .
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